

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS666HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/22/2009
NAME OF PROVIDER OR SUPPLIER U M C OF SOUTHERN NEVADA		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WEST CHARLESTON BLVD LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Surveyor: 26855 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/22/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00022585 was substantiated with deficiencies cited. (See Tags S0526 and S0527) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified:	S 000		
S 526 SS=A	NAC 449.379 Medical Records 8. All medical records must document the following information, as appropriate: (h) The final diagnosis of the patient. This Regulation is not met as evidenced by: Surveyor: 26855	S 526		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 526	Continued From page 1 Based on interview and record review the facility failed to ensure a patient's discharge summary included the final diagnosis and cause of death of the patient. (Patient #1) Severity: 1 Scope: 1	S 526			
S 527 SS=A	NAC 449.379 Medical Records 9. The medical record of a patient must be completed not later than 30 days after the date on which he is discharged. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and document review the facility failed to complete the medical record of a patient and include the discharge summary within 30 days of the patient's death. (Patient #1) Severity: 1 Scope: 1	S 527			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.